

**Suffolk Cruse Bereavement Care**  
**VOLUNTEER APPLICATION FORM**  
**IN CONFIDENCE**



*Please send completed form to:*  
Susannah Downing, Area Administrator  
Whiteladys, Raydon Road, Hintlesham  
Ipswich, Suffolk IP8 3GH  
[Suffolk@cruse.org.uk](mailto:Suffolk@cruse.org.uk)

*Thank you for your interest in being a volunteer with Cruse Bereavement Care. Please complete the details below. The completion of this form may require you to give more information than you expected. Most Cruse volunteers will be in contact with people who may be vulnerable, therefore our selection procedures reflect the need to safeguard the interests of our clients and volunteers.*

**SECTION ONE** (Please use BLACK ink)

SURNAME \_\_\_\_\_ TITLE \_\_\_\_\_

PREVIOUS SURNAME(S) \_\_\_\_\_

FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE(S) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

\_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

PAST OCCUPATION(S) *(if no current occupation)* \_\_\_\_\_

\_\_\_\_\_

**Please indicate which areas of work you are interested in:**

Management Tasks – Fundraising - Marketing/Publicity - Administration - Finance  
Other (*please indicate other ways in which you might help Cruse*)

Bereavement work with clients	Working with individuals
	Working with groups
	Supervision
	Training/Development

How did you hear about Cruse Bereavement Care?

Have you ever had contact with a Branch of Cruse Bereavement Care?  
If YES, please give details.

Please tell us why you want to volunteer for Cruse Bereavement Care.

What are the qualities you could bring to our work?

What experience could you bring?

Please list any relevant volunteer work or paid employment

**PERSONAL DETAILS** (*A disability or health problem will not prevent full consideration of your application*)

Have you had a close personal bereavement in the last 2 years? Yes / No

If YES, please say when \_\_\_\_\_

Do you have your own transport? Yes / No

Are you fluent in any language other than English? Yes / No

If YES, please say which \_\_\_\_\_

Do you consider you have a disability? Yes / No

If YES, do you have any specific needs to be met at interview?

*If your application is successful we will need to know of any health condition which may affect your ability to work with clients.*

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**DISCLOSURE OF CONVICTIONS** (Rehabilitation of Offenders Act 1974)

*Because of the nature of the voluntary work for which you are applying, you must provide information about convictions, including those that would otherwise be considered as spent. Previous convictions will not prevent full consideration of your application.*

Have you ever been convicted of a criminal offence? Yes / No

*If YES, please provide details including type of offence, date, sentence, fine, etc. in a **separate sealed envelope**. This information will only be disclosed to those involved in the selection process.*

**BANKRUPTCY** *(only applies if being considered as a potential Chairperson or Treasurer)*

Bankruptcy will not prevent full consideration of your application

Have you ever been declared bankrupt? Yes / No

Have you ever been director of a company that has gone into compulsory liquidation? Yes / No

*If YES to either question, please provide details in a **separate sealed envelope** as above.*

**REFEREES**

*Please give the names and addresses of two people who have known you for some time (not relatives) and are willing to act as referees. One of these could be your current or previous employer.*

Name _____ Address _____ _____ _____ Postcode _____ Telephone(s) _____ _____ Email _____	Name _____ Address _____ _____ _____ Postcode _____ Telephone(s) _____ _____ Email _____
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In what capacity does this person know you?    In what capacity does this person know you?  
\_\_\_\_\_

**Declaration:** *To the best of my knowledge, the information I have given on this form is correct and complete. I understand that it may be kept on a computer file and that it will not be divulged to any other organisation. I understand that if any information is later discovered to be incorrect, this may result in my no longer being able to work with Cruse Bereavement Care.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_